CASE OF NASO-PHARYNGEAL SARCOMA AND TWO CASES NASO-PHARYNGEAL FIBROMATA.*

DR. HARMON SMITH, New York City.

Case 1: J. L., male, age 43. Family history, negative; personal history, negative; Wassermann reaction, negative. Patient came into the hospital January 14, 1915, complaining of a cold which had not responded to treatment extending over a period of five months.

About six weeks previous to admission he had experienced considerable pain in the left temporal regions, also in the left ear, which has been more or less present since. About three and a half months ago he had a severe nose-bleed which seemed to lessen the temporal pain for a period of three days. One month after this another hemorrhage from the nose was again followed by relief from pain. During the past five months breathing through the left side of the nose has progressively become worse. About a month ago a part of his middle turbinate was removed by a physician for the relief of obstructed breathing. No benefit resulted.

Upon examination there was nothing apparent in the left nostril to account for the obstruction, but upon observing the palate on the left side, it was seen to hang well down in the pharynx as though paralyzed. On examining with a small mirror, a bluish, red growth was seen to extend along the left pharyngeal wall and likewise to involve the soft palate.

The age of the patient together with the history of the hemorrhage and pain naturally led to the conclusion that the growth might be malignant. A small piece was removed for microscopic examination and was reported as sarcomatous.

Case 2: S. S., male, age 21. Russian by birth. Family history, negative. I am indebted to Dr. Stanwick, of Yonkers, for referring this case to me. His past history of illness does not seem to bear on the condition existing, other than that when 12 years of age, he was ill for two weeks during which time he suffered from severe headaches, and again at 19 years of age, was ill for four weeks with a very high fever.

His present condition dates back one year, at which time he found difficulty in breathing on the left side of his nose, associated with lessening of the sense of smell. Not until sometime after this, was

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Color drawing of tumor before operation.

This plate accompanies
Dr. Harmon Smith's case report, page 224.

his right side affected. About six months later he consulted a physician in Yonkers about his inability to breathe on his left side, at which time a small operation was done for the relief of this difficulty. The operation was associated with considerable bleeding, and the patient could see no benefit resulting therefrom. At the same time his right side became more occluded until breathing was almost impossible.

Upon examination at the clinic of the Manhattan Eye, Ear and Throat Hospital, I found a bluish red tumor of irregular shape projecting into the naso-pharynx, apparently arising from the right naso-pharyngeal wall. A finger-like projection of this tumor could also be determined in the right nasal fossa.

From the appearance of the growth, I was fearful that the condition was sarcomatous, although the patient had had no spontaneous bleeding, no pain, had not lost weight, and had shown none of the symptoms that might be incident to a malignant growth. I removed a piece for examination, and received a report from the laboratory which was subsequently verified by Dr. Jonathan Wright, that the tumor was angio-fibroma.

Fearing the hemorrhage which might occur from the removal of such a vascular growth, I determined to begin immediately the injection of monochloroacetic acid. Four injections have been given up to the present time with a remarkable reduction in the size of the tumor.

Case 3: L. S., male, age 17. Family history, negative. Present history: In February, 1914, he began to have partial nasal occlusion which he considered catarrhal in character. Three months later he had a severe hemorrhage from the right nostril which necessitated having a local physician plug the nose.

Two months subsequent to this he had another hemorrhage from the same side which again necessitated the same procedure. The physician called in at this time told the patient that his nasal hemorrhage probably resulted from adenoids. In the course of another two months a third hemorrhage occurred at which time he was sent to the General Memorial Hospital.

The examination here revealed the presence of a large post-nasal growth, bluish-white in appearance, for which x-ray treatment was given for about seven weeks. At the end of this time the patient, not having improved materially, except that no further hemorrhages had occurred, was transferred to my service at the Manhattan Eye, Ear and Throat Hospital.

It had been expressed as an opinion based upon the examination of a small piece of tissue removed from the nose at the General Memorial Hospital, that the growth was probably sarcomatous. My examination showed a large bluish-white tumor occupying the entire post-nasal space attached to the lateral wall of the naso-pharynx and projecting forward in the right naris, occluding that side entirely. I removed a small piece of the projection from the right nostril, the examination of which showed it to be fibromatous.

On October 29, nearly nine months after the first hemorrhage, I removed the greater part of the growth by means of a heavy wire snare. Considerable hemorrhage followed necessitating a post-nasal plug. Some days after the plug was removed, the patient developed an otitis media which later resulted in mastoiditis. Other ear complications also followed, which came near proving fatal to the patient.

By the time the patient had recovered from the ear complications the tumor had almost entirely returned; so I decided that the injection of monochloroacetic acid would prove more beneficial than operative measures. On December 15, the first injection was made, beginning with five minims of the saturated solution; since that time injections have been made at intervals of ten days to two weeks. The growth has shown material diminution since these were instituted.

44 West Forty-ninth Street.

Intra-tracheal Nodules of the Thyroid Gland. SIGURA, *Sem. Med.*, Buenos-Aires, Feb. 26, 1914.

On the left and posterior walls of the trachea a round, smooth tumor was observed. It was about the size of an almond and was covered with an apparently healthy mucosa. It almost entirely occluded the tracheal lumen and caused the patient frequent choking spells with cyanosis. Removal of tumor which proved to be encapsulated, together with portion of thyroid. Recovery. Examination showed the tumor to be an aberrant, slightly sclerotic portion of the thyroid gland.

Ed.